

Fill in this information to identify the case:

United States Bankruptcy Court for the:

District of Massachusetts
(State)

Case number (if known): Chapter 7

☐ Check if this is an amended filing

Official Form 205

Involuntary Petition Against a Non-Individual

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

Part 1: Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed

1. Chapter of the Bankruptcy Code

Check one:

- ☒ Chapter 7
☐ Chapter 11

Part 2: Identify the Debtor

2. Debtor's name

ATW Line Painting, LLC

3. Other names you know the debtor has used in the last 8 years

Include any assumed names, trade names, or doing business as names.

ATW Line Painting & Construction, LLC

ATW Line Painting LLC

4. Debtor's federal Employer Identification Number (EIN)

☒ Unknown

EIN -

5. Debtor's address

Principal place of business

2150 Cedar Street

Number Street

Dighton

City

MA

State

02715

ZIP Code

Bristol

County

Mailing address, if different

Number Street

P.O. Box

City

State

ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City

State

ZIP Code

Debtor ATW Line Painting, LLC Case number (if known) _____
Name

6. Debtor's website (URL) _____

7. Type of debtor

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other type of debtor. Specify: _____

8. Type of debtor's business

Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the types of business listed.
☐ Unknown type of business.

9. To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?

- ☒ No
☐ Yes. Debtor _____ Relationship _____
District _____ Date filed _____ Case number, if known _____
MM / DD / YYYY
Debtor _____ Relationship _____
District _____ Date filed _____ Case number, if known _____
MM / DD / YYYY

Part 3: Report About the Case

10. Venue

Check one:

- ☒ Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.
☐ A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.

11. Allegations

Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).
The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).

At least one box must be checked:

- ☒ The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount.
☐ Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

12. Has there been a transfer of any claim against the debtor by or to any petitioner?

- ☒ No
☐ Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).

Debtor ATW Line Painting, LLC Case number (if known) _____
Name

13. Each petitioner's claim	Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
	Massachusetts Laborers' Health and Welfare Fund	Unpaid benefit contributions	\$ 42,071.20
	Massachusetts Laborers' Annuity Fund	Unpaid benefit contributions	\$ 33,976.22
	Massachusetts Laborers' Pension Fund	Unpaid benefit contributions	\$ 32,274.00
	Total of petitioners' claims		\$ 124,556.84

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

Part 4: Request for Relief

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

Petitioners or Petitioners' Representative

Name and mailing address of petitioner

Massachusetts Laborers' Health and Welfare Fund
Name

1400 District Avenue
Number Street
Burlington MA 01803
City State ZIP Code

Name and mailing address of petitioner's representative, if any

Nathan P. Goldstein, Executive Director, Massachusetts Laborers' Benefit Funds
Name

1400 District Avenue
Number Street
Burlington MA 01803
City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/29/2023
MM / DD / YYYY

x

Signature of petitioner or representative, including representative's title

Attorneys

Sasha N. Gillin

Printed name

Segal Roitman, LLP

Firm name, if any

33 Harrison Avenue, 7th Floor

Number Street

Boston

City

MA

State

02111

ZIP Code

Contact phone (617) 603-1428 Email sgillin@segalroitman.com

Bar number 690769

State MA

x 

Signature of attorney

Date signed 9/28/2023
_ MM / DD / YYYY

Debtor ATW Line Painting, LLC
Name

Case number (if known) _____

Name and mailing address of petitionerMassachusetts Laborers' Annuity Fund

Name

1400 District Avenue

Number Street

Burlington

City

MA

State

01803

ZIP Code

Name and mailing address of petitioner's representative, if anyNathan P. Goldstein, Executive Director, Massachusetts Laborers'
Benefit Funds

Name

1400 District Avenue

Number Street

Burlington

City

MA

State

01803

ZIP Code

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Firm name, if any

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State

02111

ZIP Code

Contact phone (617) 603-1428Email sgillin@segalroitman.comBar number 690769State MAx 

Signature of attorney

Date signed 9/28/2023

MM / DD / YYYY

Name and mailing address of petitionerMassachusetts Laborers' Pension Fund

Name

1400 District Avenue

Number Street

Burlington

City

MA

State

01803

ZIP Code

Name and mailing address of petitioner's representative, if anyNathan P. Goldstein, Executive Director, Massachusetts Laborers'
Benefit Funds

Name

1400 District Avenue

Number Street

Burlington

City

MA

State

01803

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/29/2023

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Signature of petitioner or representative, including representative's title

Sasha N. Gillin

Printed name

Segal Roitman, LLP

Firm name, if any

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Number Street

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02111

ZIP Code

Contact phone (617) 603-1428Email sgillin@segalroitman.comBar number 690769State MAx 

Signature of attorney

Date signed 9/28/2023

MM / DD / YYYY

Debtor ATW Line Painting, LLC Case number (if known) _____
Name

13. Each petitioner's claim	Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
	New England Laborers' Training Trust Fund	Unpaid benefit contributions	\$ 3,416.20
	Massachusetts Laborers' Legal Services Fund	Unpaid benefit contributions	\$ 912.40
	New England Laborers' Health and Safety Fund	Unpaid contributions	\$ 684.30
	Total of petitioners' claims		\$ 124,556.84

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I have examined the information in this document and have a reasonable belief that the information is true and correct.

Petitioners or Petitioners' Representative

Name and mailing address of petitioner

New England Laborers' Training Trust Fund

Name

37 East Street

Number Street

Hopkinton

City

MA

State

01748

ZIP Code

Name and mailing address of petitioner's representative, if any

Nathan P. Goldstein, Executive Director, Massachusetts Laborers' Benefit Funds

Name

1400 District Avenue

Number Street

Burlington

City

MA

State

01803

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

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x

Signature of petitioner or representative, including representative's title

Attorneys

Sasha N. Gillin

Printed name

Segal Roitman, LLP

Firm name, if any

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Number Street

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Bar number 690769

State MA

x 

Signature of attorney

Date signed 9/28/2023

MM / DD / YYYY

Debtor ATW Line Painting, LLC
Name

Case number (if known) _____

Name and mailing address of petitioner

Massachusetts Laborers' Legal Services Fund

Name

1400 District Avenue

Number Street

Burlington

City

MA

State

01803

ZIP Code

Name and mailing address of petitioner's representative, if any

Nathan P. Goldstein, Executive Director, Massachusetts Laborers'
Benefit Funds

Name

1400 District Avenue

Number Street

Burlington

City

MA

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01803

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Sasha N. Gillin

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Segal Roitman, LLP

Firm name, if any

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ZIP Code

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Signature of attorney

9/28/2023

Date signed

MM / DD / YYYY

Name and mailing address of petitioner

New England Laborers' Health and Safety Fund

Name

410 S Main Street

Number Street

Providence

City

RI

State

02903

ZIP Code

Name and mailing address of petitioner's representative, if any

Nathan P. Goldstein, Executive Director, Massachusetts Laborers'
Benefit Funds

Name

1400 District Avenue

Number Street

Burlington

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Signature of attorney

9/28/2023

Date signed

MM / DD / YYYY

Debtor ATW Line Painting, LLC Case number (if known) _____
Name

13. Each petitioner's claim	Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
	New England Laborers' Labor-Management Cooperation Trust	Unpaid contributions	\$ 684.30
	Massachusetts Construction Advancement Program	Unpaid contributions	\$ 456.20
	Massachusetts Laborers' Unified Trust	Unpaid contributions	\$ 2,281.00
	Total of petitioners' claims		\$ 124,556.84

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I have examined the information in this document and have a reasonable belief that the information is true and correct.

Petitioners or Petitioners' Representative	Attorneys
<p>Name and mailing address of petitioner</p> <p>New England Laborers' Labor-Management Cooperation Trust</p> <p>Name</p> <p>226 S. Main Street</p> <p>Number Street</p> <p>Providence RI 02903</p> <p>City State ZIP Code</p> <p>Name and mailing address of petitioner's representative, if any</p> <p>Nathan P. Goldstein, Executive Director, Massachusetts Laborers' Benefit Funds</p> <p>Name</p> <p>1400 District Avenue</p> <p>Number Street</p> <p>Burlington MA 01803</p> <p>City State ZIP Code</p> <p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Executed on 09/29/2023</p> <p>MM / DD / YYYY</p> <p>x </p> <p>Signature of petitioner or representative, including representative's title</p>	<p>Attorneys</p> <p>Sasha N. Gillin</p> <p>Printed name</p> <p>Segal Roitman, LLP</p> <p>Firm name, if any</p> <p>33 Harrison Avenue, 7th Floor</p> <p>Number Street</p> <p>Boston MA 02111</p> <p>City State ZIP Code</p> <p>Contact phone (617) 603-1428 Email sgillin@segalroitman.com</p> <p>Bar number 690769</p> <p>State MA</p> <p>x </p> <p>Signature of attorney</p> <p>Date signed 9/28/2023</p> <p>MM / DD / YYYY</p>

Debtor ATW Line Painting, LLC
Name

Case number (if known) _____

Name and mailing address of petitioner

Massachusetts Construction Advancement Program

Name

1661 Worcester Road, Suite 403

Number Street

FraminghamMA01701

City

State

ZIP Code

Name and mailing address of petitioner's representative, if any

Nathan P. Goldstein, Executive Director, Massachusetts Laborers'
Benefit Funds

Name

1400 District Avenue

Number Street

BurlingtonMA01803

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Segal Roitman, LLP

Firm name, if any

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Number Street

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ZIP Code

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State

MAx 

Signature of attorney

Date signed 9/28/2023

MM / DD / YYYY

Name and mailing address of petitioner

Massachusetts Laborers' Unified Trust

Name

7 Laborers Way

Number Street

HopkintonMA01748

City

State

ZIP Code

Name and mailing address of petitioner's representative, if any

Nathan P. Goldstein, Executive Director, Massachusetts Laborers'
Benefit Funds

Name

1400 District Avenue

Number Street

BurlingtonMA01803

City

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State

MAx 

Signature of attorney

Date signed 9/28/2023

MM / DD / YYYY

Debtor ATW Line Painting, LLC Case number (if known) _____
Name

13. Each petitioner's claim	Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
	Massachusetts & Northern New England Laborers' District Council	<u>Unpaid dues</u>	\$ <u>7,481.68</u>
	<u>Laborers' Political League</u>	<u>Unpaid contributions</u>	\$ <u>319.34</u>
			\$ _____
	Total of petitioners' claims		\$ <u>124,556.84</u>

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

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I have examined the information in this document and have a reasonable belief that the information is true and correct.

Petitioners or Petitioners' Representative

Name and mailing address of petitioner

Massachusetts & Northern New England Laborers' District Council
Name
7 Laborers Way
Number Street
Hopkinton MA 01748
City State ZIP Code

Name and mailing address of petitioner's representative, if any

Nathan P. Goldstein, Executive Director, Massachusetts Laborers' Benefit Funds
Name
1400 District Avenue
Number Street
Burlington MA 01803
City State ZIP Code

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MM / DD / YYYY

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Signature of petitioner or representative, including representative's title

Attorneys

Sasha N. Gillin
Printed name
Segal Roitman, LLP
Firm name, if any
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Number Street
Boston MA 02111
City State ZIP Code

Contact phone (617) 603-1428 Email sgillin@segalroitman.com

Bar number 690769

State MA

x 

Signature of attorney

Date signed 9/28/2023
MM / DD / YYYY

Debtor ATW Line Painting, LLC
Name

Case number (if known) _____

Name and mailing address of petitioner

Laborers' Political League

Name

905 16th Street, NW

Number Street

Washington

City

DC

State

20006

ZIP Code

Name and mailing address of petitioner's representative, if any
Nathan P. Goldstein, Executive Director, Massachusetts Laborers' Benefit Funds

Name

1400 District Avenue

Number Street

Burlington

City

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01803

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Signature of petitioner or representative, including representative's title

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Bar number 690769

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Signature of attorney

Date signed 9/28/2023
MM / DD / YYYY

Name and mailing address of petitioner

Name

Number Street

City

State

ZIP Code

Name and mailing address of petitioner's representative, if any

Name

Number Street

City

State

ZIP Code

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Printed name

Firm name, if any

Number Street

City

State

ZIP Code

Contact phone _____ Email _____

Bar number _____

State _____

x

Signature of attorney

Date signed _____
MM / DD / YYYY